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ABSTRACT

This publication contains eight research papers presented and discussed at the April 1977 second annual Carolina Counselors' Spring Symposium. They cover a wide range of topics: (1) self-concept as it relates to adjustment in the blind; (2) open-space school and its guidance strategies; (3) death education and counseling; (4) the locus of control in counseling; (5) sex-role stereotyping; (6) counseling women offenders; (7) concerns of continuing education for mature women; and (8) school phobia. (PFS)

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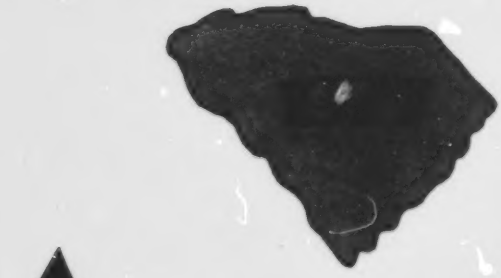

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COLLEGE OF EDUCATION ■ THE UNIVERSITY OF SOUTH CAROLINA

CAROLINA COUNSELOR
1977

Presented
by

The Faculty
in
Counselor Education
and
Rehabilitation Services Training Program

Gary M. Miller
Joseph C. Rotter
Compilers

College of Education
Leon M. Lessinger, Dean
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FOREWARD

We are well into an era that expects a great deal from its educational practitioners. Increasingly, people are concerned about the "bottom-line" in all programs and imply by such language that they expect to see some valuable results for the dollar invested.

As an educator I'm glad that we haven't reached the equivalent of the expectation for educators that was held for a group of clergy in a drought-stricken Mexican town. Robert Silverburg, in the book, The Challenge of Climate: Man and His Environment, quotes the ultimatum issued by the mayor of a town facing the hardship of a new total lack of water:

> If within the peremptory period of eight days from the date of this decree rain does not fall abundantly, no one will go to mass or say prayers ...If the drought continues eight days more, the churches and chapels shall be burned, missal, rosaries and other objects of devotion will be destroyed...If, finally, in a third period of eight days it shall not rain, all the priests, friars, nuns and saints, male and female, will be beheaded.
>
> Fortunately for the clergy, Divine Providence responded to this no-nonsense approach by sending torrential downpours within four days.

We aren't asking our counselors to solve problems -- or else, yet! Still it is nice to read articles such as given herein which show that there is a connection between our efforts and the amelioration of important concerns.

I believe this second impressive contribution of student and faculty work will continue to find a receptive audience.

Leon M. Lessinger, Dean
College of Education
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PREFACE

On April 19, 1977 the second annual Carolina Counselors' Spring Symposium was held at the University of South Carolina. This event was sponsored by the faculty and doctoral students in Counselor Education and Rehabilitation Services Training Program.

The faculty and students had the opportunity to share and discuss their research projects, learning from each other in the process. Their papers have been reproduced in the Carolina Counselor for you.

Special consideration and thanks goes to Dean Leon M. Lessinger, Dr. Walter R. Bailey, and Dr. Lee Baruth for their support of this effort. Dr. Johnnie McFadden provided helpful suggestions in the design of the cover. Ms. Christine Bondy did the typing for this project and Mr. Richard Davis and his staff in University Printing assisted in assembling these papers.

The students and faculty in Counselor Education and Rehabilitation Services Training are the central focus of the Carolina Counselor, and we thank them for their support and professional efforts.

Columbia, South Carolina
1977

Gary M. Miller
Joseph C. Rotter

INTRODUCTION

The eight manuscripts presented in the Carolina Counselor cover a wide area of topics. Michael Ammons reports on self-concept as it relates to adjustment in the blind. The open-space school and its guidance strategies is presented by Sherry Bowers while Dr. David Fredrick explores death education and counseling. Jim Jurgens presents a paper on the locus of control in counseling and sex role stereotyping is explored by Dr. Marilyn C. Kameen and Dr. Margaret Z. Burggraf. Counseling women offenders is investigated by Judy C. Owens and concerns of continuing education for mature women is explored by Sandra A. Poliakoff. The final paper dealing with school phobia is presented by Jacquelyn Savage.

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The Self-Concept in Adjustment to Blindness

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The Self-Concept in Adjustment to Blindness

Among workers for the blind, there are many views concerning the handicapping effects of blindness. At one end of the continuum, there are those who argue that blindness is merely a physical nuisance. At the opposite extreme, blindness is regarded as a massive disability (Kirtley, 1975).

In spite of the lack of agreement regarding its handicapping effects, most agree that adjustment to blindness means coming to terms with the disability and realistically accepting one's self as a blind person. The purpose of this paper is to explore the concept of adjustment to blindness as it relates to the self-concept of the blind and to draw conclusions which will hopefully be of value to workers for the blind in their attempts to help the sightless persons deal effectively with their problems of adjustment.

Review of the Literature

One of the early workers to explore adjustment in blindness was Thomas Cutsforth (1950). Through his work with blind children, he concluded that, in general, the blind are neurotic. This view was shared by Chevigny and Braverman (1950). Cutsforth believed that the great observable disability of the blind was attributed mainly to unhealthy personal and social attitudes. These attitudes, he stated, were responsible for bringing about feelings of anxiety and isolation in the blind person.

Cutsforth stated that there were three social forces which impeded mature adjustment in the blind. They were (a) overprotection and oversupervision of the blind child by parents and teachers, (b) segregation of the blind child from the sighted, and (c) the dependency of the blind on blindness agencies. However, he did hold that psychological factors, particularly distortions in the self-concept, were the most serious problems confronting the blind person. From his viewpoint, the remedy to this problem was for the blind person to take responsibility for his own self-growth.

Research has not supported Cutsforth's hypothesis of the blind being neurotic (Kirtley, 1975). This position was also taken by Foulke (1972), who asserts that there is no distinct and separate personality of the blind.

Another writer who thought that the blind had personality characteristics peculiar to them was Davis (1964). He based his conclusions on his counseling experience with students at a residential school for the blind. He noted that the early developmental process of differentiation of self from environment is very difficult for the sightless

child to accomplish. The result is that the blind child knows less about his body than he should. According to Davis, it is impossible to have a healthy self-concept without a satisfactory body image. This view has been contradicted by empirical research conducted by Jervis (cited in Lowenfield, 1973) and Zunich and Ledwith (1965).

Another author who based his conclusions on his work with children was Lowenfield (1973). He stated that how the experience of blindness affects the self-concept depends on two interacting factors. First, the blind child learns about the effects of sightlessness as the differences in sensory usage between himself and others in his environment become apparent to him. In a wide range of situations, it is more difficult for him to succeed. However, when success does come, it can be an extremely potent force in the development of a positive self-concept.

The second factor noted by Lowenfield was the reaction of others in the blind child's environment to his handicap. If others show anxiety to his handicap, the child will reflect this. However, an environment which stimulates the child and makes demands which he can fulfill enables him to develop a healthy self-concept and confidence in his own abilities.

As mentioned earlier, Foulke (1972) asserted that there is no separate personality of the blind. He contended that blindness is a complex situational variable. A blind person can not acquire information about the environment through the richest possible source, which is visual stimulation. Lack of vision affects behavior for several reasons. One of the most important reasons is that a blind person experiences a different social enviornment because people have beliefs which influence their behavior toward the blind. He concludes that the determination of personality is too complex to be accounted for by the situational variable blindness.

Scott (1969) also holds that there are no distinct personality traits peculiar to the blind. He states that "the disability of blindness is a learned social role" (p. 14). The attitudes and behavior patterns characteristic of the blind are not inherent to blindness itself, but are acquired through social learning. The idea of the self-concept is basic to his analysis. He believes that behavior in most situations is guided by how a person views himself. If the blind person accepts the fact that he is blind, he can set out to learn skills and attitudes that enable him to compensate for his losses.

The viewpoints of Foulke and Scott concerning the effects of society's beliefs and attitudes on the blind are supported by others (Baker, 1973; Rossi and Marotta, 1974). Rossi and Marotta state that the self-concept of the blind person is determined to a great degree by the attitudes of others, their reactions to him, and his awareness

of these attitudes and reactions. Baker also discussed the attitudes and behaviors of others in relationship to the self-concept and behavior of the blind. He noted a circular pattern involving these variables. In this pattern, the attitudes of others have an influence on their behavior toward the blind. Their behavior affects blind individuals' self-concepts. In turn, the self-concepts of blind persons influence their behavior and their behavior influences the attitudes of other persons toward them.

Cholden (1958), a psychiatrist, put forth views of a more psychological than sociological nature. He saw a need for the blind person to develop a psychological acceptance of his handicap. He stated that blindness could be looked upon as death. The sightless individual must die as a sighted person and be reborn as a blind person. Blindness must be accepted as a condition of life before the blind person will be able to be re-educated and live a productive and satisfying life.

It was Cholden's observation that in blindness, the eyes are the least part of the person affected. His goals, relationships with others and his physical environment, body image, and self-concept are changed. The acceptance of a new self which is blind is prerequisite to new learning which is essential for his future development.

Cull (1972) also discussed change in the self-concept as it relates to adjustment to blindness. He stated that in order for an individual to adjust to the psychological impact of blindness, his body image must change from that of a sighted person to that of one who is sightless. He concludes that "in essence, psychological adjustment to a disability is the acceptance of an altered body image which is more in harmony with reality" (p. 175).

Carroll (1961) expressed a view very similar to Cull's. However, he also felt that there was a great need for empirical research in the area of self-concept and its relationship to adjustment to blindness. However, very few studies have been conducted which have looked at self-concept and blindness and these have been concerned with differences between visually handicapped and sighted children's self-concepts. However, it was noted in both studies that the blind subjects tended to a larger degree than the sighted to have either highly positive or highly negative attitudes toward themselves and others.

Another area which has been investigated is the relationship between schclastic achievement and self-concept. In a study conducted by Smith (1972), persisting and nonpersisting first year college students, who were blind, were compared on the basis of their self-concept as measured by the Tennessee Self Concept Scale. His findings suggested that the persisting students had healthier self-concepts to assist them in coping with the stresses of college adjustment.

There have been many studies which have claimed to measure adjustment to blindness in areas other than those previously discussed. Studies conducted by Fitting, Bauman, Zarlock, Lukoof and Whiteman, and Sommers are usually considered by reviewers as the most useful research so far (Delafield, 1976; Kirtley, 1975). Some of the areas these studies considered important were family relationships, employment, attitudes toward blindness, travel independence, and withdrawal.

One study of particular note was conducted by Lukoff and Whiteman (1962). In this study, adjustment was defined in degrees of independence in four behavioral areas, hypothesizing that the greater the degree of independence exhibited, the more adequately adjusted a person would be. The areas of independence were employment, travel, eating and shopping. The predictor variables correlated with adjustment were educational achievement, race, socio-economic level, age, intelligence, and sex. All the preceeding variables were found to be significant in relationship to the degrees of independence in employment, travel, eating, and shopping.

Discussion

It is evident from the preceeding review of the literature that there is some disagreement concerning the sources of maladjustment to blindness and that lack of vision is not a sufficient explanation for maladjustment. However, it appears that workers for the blind who have considered the self-concept feel that it is an important component in psychological adjustment to the handicap of sightlessness. The view of the self-concept being central to adjustment is not original to them.

The self-concept is also viewed as extremely important in adjustment by notable personality theorists such as Combs and Snygg (1959) and Rogers (1961). Combs and Snygg contended that the basic driving force in humans is the maintenance and enhancement of the self. They also stated that how a person behaves in any situation is determined by how that person perceives himself and his enviornment. In his theory, Rogers considered the self the core of one's personality and of primary importance in adjustment and behavior. Also, Rogers found that the self-concept could be strengthened through psychotherapy.

Research has also shown that there is a significant relationship between the self-concept and achievement (Purkey, 1970; Smith, 1972). In reviewing the literature concerning academic achievement and self-concept, Purkey found that change in one appears to be related to change in the other. Although he was not able to determine whether a positive self-concept preceeds academic success or not, he did see a reciprocal relationship between the two. This would appear to support Lowenfield's observations that blind children who experience success develop positive self-concepts (Lowenfield, 1973).

The findings reviewed by Purkey seem to indicate that the self-

concept is important in areas beyond psychological adjustment. This evidence would appear to support the contentions of several of the theorists and observers reviewed in this paper. Their views are expressed explicitly by Routh (1970). Although he does not discuss self-concept, he makes it clear that adjustment to blindness is the first step of the process of learning to live effectively in a sighted world.

Following this line of thought, it would be reasonable to suggest that the self-concept plays an important role in adjustment as seen by researchers such as Lukoff and Whiteman (1962). In their studies, levels of adjustment were viewed as degrees of independent control achieved over certain aspects of the environment. The relationship between achievement and self-concept found by researchers in the academic world would appear to apply in this instance also.

Conclusions

The self-concept is considered central to adjustment to blindness by several writers, however, it has been essentially ignored by the researchers in the field. Although research evidence in the area of self-concept and adjustment to blindness is lacking, one principle seems clear. That is, those sightless persons who have an adequate self-concept would tend to be more successfully adjusted, both within themselves and with their environment.

If there is indeed such a significant relationship between self-concept and success, it would have implications in both adjustment training and rehabilitation programs. Programs such as these are success oriented. Provided that an adequate self-concept does predict success, it would be wise to take it into consideration in planning and implementing programs with blind individuals in adjustment and rehabilitation.

One concluding remark appears to be in order. There is an obvious need for empirical research to determine the actual impact self-concept does have on adjustment to blindness.

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Guidance Strategies in the Open-Space School

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Guidance Strategies in the Open-Space School

As more and more Elementary School Counselors find themselves in open-space school settings with young children age three through eight years, it seems appropriate to examine how the Elementary Guidance Specialist (EGS) will function in such a setting. The EGS whose role activities are guided by ACES-ASCA Committee Report on the Elementary School Counselor (1969) may encounter major frustrations when attempting to implement the three C's of counseling, consulting, and coordinating in an open-space school.

Five-year-old Tommy has a temper tantrum every morning when his father brings him to kindergarten. Tommy screams and hangs on to his father's arm, begging him not to leave. The teacher is at her wit's end and asks the counselor for help. Working within the confines of the open-space setting, how could the situation be handled?

Ms. Atkinson wants you to help her with a unit on feelings in her class of three-year-olds. You feel comfortable doing a twenty minute session on feelings with older children, but these children have a limited vocabulary and listen as a group for less than five minutes. What can you do for Ms. Atkinson?

A rural, parent-cooperative, alternative school has asked you to share your ideas about their implementation plan for a child's individual responsibility for learning in the classroom. Your open-space school is very different from the alternative school. How would you approach this consultation task?

Discussion

Before the Elementary Guidance Specialist can deal with specific strategies for the open-space setting there are some vital points which must be considered.

First, the Elementary Guidance Specialist must have a clear understanding of the philosophy of the open-space school. Sartore (1974) believes that open-mindedness about educating children (a philosophy about how human beings learn) is the one basic principle that is consistent from one open school to the next. Certainly it would be necessary to have both a general idea of open-space school philosophy and a specific knowledge of the setting in which the EGS would be working.

A second consideration is what Robert J. Stark refers to as "staffing by choice" (1973). It would seem advisable for school districts to develop hiring procedures aimed at placing counselors

in the type of setting they choose. The counselor in the open-space school must make an active choice to meet the challenges of the setting or be doomed to certain failure.

Finally, the Elementary Guidance Specialist must be willing to discard rigid, narrow role conceptions and act as a strategist and tactician in school and community settings (Aubrey, 1972). The safety of the counselor's office must be traded for creative attempts to meet children's developmental needs in the open-space setting. It is these strategies that must be carefully developed and executed if the EGS is to find a productive place in the open-space class.

Strategies

1. The Elementary Guidance Specialist can act as a member of an interdisciplinary team which plans the cognitive and affective learning activities of the students. The EGS may be a consultant concerning the psychological and social needs of children and, in general, a student advocate (Spielbichler and Spielbichler, 1974).

2. The Elementary Guidance Specialist can participate in classroom learning activities which offer opportunities for informal counseling contacts. This participation would also offer chances for the EGS to access the developmental needs of students and offer guidance in such areas as career awareness, values, feelings, etc.

3. Working in the open-space setting, there is an excellent opportunity to practice those skills which the Elementary Guidance Specialist hopes the other team members will model. Such specifics as good eye contact with children, encouraging statements, and active listening would be desirable skills to practice with teachers and children.

4. In order to dispell the "distance" between teachers and counselors (Spielbichler and Spielbichler, 1974; Aubrey, 1972) the Elementary Guidance Specialist must be willing to be actively involved in the day-to-day activities of children. Many counselors eat lunch with the children and make themselves available when parents drop by after school. Counselors may be visible when children are loading and unloading buses (Spielbichler and Spielbichler, 1974).

5. The Elementary Guidance Specialist can undertake a personal project to gain a clear understanding of the curriculum of the open-space school and any special aspects of the school program that have a direct relationship to the EGS's functions. For example: Multi-age grouping would have some real implications for a peer counseling effort.

6. Counselros in open-space settings can arrange ways in which to exchange ideas. Newsletters, seminars, and workshops are all possibilities worthy of consideration.

Summary

The Elementary Guidance Specialist must seek to have a clear understanding of the philosophical and functional workings of the open-space school before making a conscious choice to work in such a setting. There must be a willingness on the part of the counselor to redefine the traditional roles of the EGS in innovative and creative ways in order to be successful. It is most important that the Elementary Guidance Specialist develop specific, concrete strategies for working in a particular open-space school setting. The successful development of appropriate guidance strategies may well be the standard by which Elementary Guidance Specialists are judged in the open-space school. Can we meet the test?

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Counseling and Death Education

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Counseling and Death Education

Death represents the inevitable end of every human life. The concept of birth carries with it the fact that death will follow as part of a natural process. Each cell which makes up the human body follows the same natural order and eventually deteriorates and dies. The length of a man's stay on earth and even the quality of his existence may be controlled to some degree, but ultimately the reality of being mortal cannot be escaped.

Each day in the United States approximately 5,000 persons die. Some die easily; others experience physical and/or psychological pain in varying degrees. In addition, for every individual that dies, there are generally two or more survivors that experience grief and mental anguish over the loss. The anxiety and stress associated with death and dying is more severe than any other event which may occur in an individual's life.

While most cultures have managed to maintain a realistic perception of death, the American culture has moved furthest in the suppression of death. For most individuals, the subject of death is considered a strong taboo. The excessive use of denial and suppression means a loss of valuable learning experiences which could result in the development of adaptive coping behaviors. Most often, however, one's first learning experience with death occurs when a close family member dies. Since death and dying was never discussed openly, the sudden shock of reality is extremely traumatic. As a result, there is an increasingly large number of individuals seeking professional help and assistance through the grief process. An obvious question at this point would be: how many professionals (i.e., counselors, ministers, psychiatrists, nurses, psychologists, educators, etc) have had training in death education and is such training really necessary?

Rationale for Death Education

The current lack of education concerning death has resulted in a number of negative consequences. First, the denial of death has led to a further denial of the aging process. The youth orientation which places a value on being young and healthy, subtly implies that there is something wrong or "unnatural" to be old. Thus, not only does the aged population suffer discrimination in many social areas, they are often shunned by younger family members or segregated in nursing homes where the aging and dying process can take place unobserved.

A lack of death education also creates a generalized fear of

death because it is an "unknown." Feifel (1969) contends that this generalized fear can be projected and transformed into aggression against others. During war, for example, men were taught to translate fear of death into hatred and violence against the perceived enemy. Against whom do we now project this fear?

Dr. Harold Searles (1971) has advanced the hypothesis that one of the functions of the schizophrenic denial of reality may be a method of not facing the inevitability of death. One way to avoid death would be to deny/avoid one's current life. What is the relationship between the psychopathology of mental patients and their perception of death and dying?

Another consequence resulting from a lack of adequate knowledge about death is the tendency to avoid contact with the terminally ill or dying person. When visiting a dying person, it becomes suddenly evident that family members, friends and even helping professionals exhibit what may be termed "isolated togetherness." Their visits are generally short, and in some cases not at all. Verbal behavior is rapid and the ability to effectively communicate is severely diminished.

Pearson (1969) found in a recent study that 95% of the nurses and doctors in hospitals do not wish to talk about death with their patients and consequently find ways of avoiding the subject. In addition, Hendin (1973) reports that while nursing homes may perform a valuable function, they severely lack personnel adequately trained in communicating with the dying. In addition, dying away from home and from a chronic disease will become more common during the next two decades as the average age of the population becomes older.

Another negative consequence is the falsification of the essence of man. How can the humanist, or anyone else for that matter, understand the 'gestalt' of man by accepting the beginning process of birth but negating or denying the end process of death? Also, more understanding of the attitudes toward death may provide clues into the dynamics associated with such human conditions as alcohol and drug addiction, abortion, euthanasia, capital punishment and suicide.

Finally, there are the practical considerations of death education. By denying or camouflaging the idea of death, there results a lack of knowledge concerning what to do when a family member dies. For example, what financial, social, psychological, medical and counseling services are available to help the bereaved?

According to every estimate, death education is on the increase in this country and abroad. Whereas ten years ago it was very difficult to find any significant literature on death education, today there

are scores of books by such major authors as Robert Fulton, Robert Kastenbaum and Ruth Aisenberg, Avery Weissman, E. Grollman, Geoffrey Gorer, Elizabeth Kubler-Ross, Herman Feifel, Warren Shibles, Helmut Thelicke, and others, In addition, a number of journals, institutions and professional organizations have sprung into existence, including the latest Forum for Counseling and Death Education (P.O. Box 1226, Arlington, Virginia). Actual death education courses are also on the rise. An article in the Nations Schools (Zazzaro, 1973) estimates that over 200 death education courses are taught in the high schools of Illinois alone. Also, courses are being taught in elementary and secondary schools and in undergraduate, graduate and professional schools such as medicine, nursing and counseling.

The Counseling Dimension

Counseling is an integral part of death education. When the subject of death is no longer considered a taboo area, the student will seek advice and counsel from the death educator. Individuals in the helping professions are finding it increasingly important to acquire knowledge and competencies which will facilitate open communication with the dying and bereaved. Although it is not within the scope of this paper to present all the psychological variables which the counselor may encounter, there are some basic patient anxieties which deserve consideration. A description of these anxieties may serve to stimulate thought on the subject and alert counselors to the breadth of the problem.

First, most individuals fear the prospect of a painful death. This does not mean that most people fear death itself, but rather experience anxiety when considering the process of death which may involve physical pain and suffering. Although only 10% or less of the terminal or hospitalized patients experience physical pain during the death process (Sudnow, 1967), the mass media depicts a world where most individuals die by violent means. On television, most deaths are the result of violent or catastrophic destruction. In reality, most people die in a coma or under strong sedation.

Second, individuals fear the separation from family and loved ones. The possible loss of significant others may also mean a perceived loss of secruity and internal stability. To some degree, the individual's fear of separation is realistic. Family, friends and even medical staff often openly admit they do not know how to react to a dying person or a bereaved family member. Consequently, there is a tendency to have less contact and communication with an individual in crisis. In terms of the terminal patient, visits from family and friends are short and medical personnel are perceived to be more "distant." As a result, the patient often sees himself as untouchable, which is cause for even more anxiety, fear and apprehension. Also, most people die in hospitals (Grollman, 1974), away from family and

friends, rather than at home.

Third, individuals fear death because of the perceived burden they may cause for others. This is particularly true for the individual who has placed a value on independence and suddenly now must depend upon others as a result of accident or illness. Such dependency may be totally out of character and the patient may experience both guilt and shame. How others relate to his dependency may either reinforce these emotions or give him the freedom to move to the level of acceptance. Also, patients often indicate a concern about how loved ones would care for themselves after their death.

A fourth basic source of anxiety stems from the patient's fear of the unknown. In general terms, man fears those things which he cannot comprehend and the thought of himself in a state of nonbeing or nothingness is incomprehensible. The resulting anxiety is combatted by the use of such ego defense mechanisms as denial, repression, suppression, withdrawal, and others. Repression of death, probably the most commonly used defense mechanism, creates a situation where one does not look for, nor gain knowledge, about death. The defense mechanisms are only a temporary means of not facing the inevitable event and their continued use will leave the individual almost totally unprepared, both from a practical standpoint and a psychological perspective, to deal with the death of a loved one or one's own death.

A fifth fear which many individuals experience is that of becoming incapacitated. For many, the inability to make decisions or the loss of control over body functions, is just another form of death. In some cases, individuals whould rather die "totally" than exist in a world where they did not have control over the quality of their life.

In summary, there appears to be a great need for death education. Although each year there is an increased emphasis, America will soon have a majority of the population which is considered in the "aged" category. Helping professionals will be called upon to provide a wide range of education and counseling services which require knowledge and skills in the area of death and dying. From an individual and societal point of view, facing the reality that death is a part of life and a "natural" process will allow us to focus on the more constructive aspects of living.

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Locus of Control

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Locus of Control

Purpose of Paper

The intent of this paper is to consider the relevance of the locus of control construct to the understanding of the locus of control of the counselor/therapist and its effect on counseling and psychotherapy. For my purpose counselor/therapist are the same concepts as are counseling and psychotherapy.

Locus of Control

The concept of the "Locus of Control" was developed by Julian Rotter, social psychologist, as a result of studying individual differences and from an interest in explaining the way human beings learn complex social situations (Rotter, 1971).

The literature of locus of control is vast and cannot be encompassed here. While the literature on locus of control and psychotherapy is quite limited and will be the focus of this paper.

The construct of perceived locus of control is the individual's "generalized expectancy" that the reinforcement he receives in life does or does not depend upon himself (Plumb, 1975). To perceive that we control our reinforcement and our destiny is a powerful personality dimension. People behave or act according to what they believe. For people who believe that they control their external reinforcers they also have parallel feelings of competence, effectiveness and independence. The opposite is true for people who believe that the reinforcement they receive does not depend on themselves. They feel powerless, inferior and dependent.

Rotter and others have recognized that locus of control may be related to other constructs such as alienation, powerless, inner/outer directedness, field dependence/independence, need for achievement, ego control, introversion/extroversion and others (Plumb, 1975).

The Internal-External (I-E) Scale was developed by Rotter and his co-workers as a forced-choice, self report, paper-and-pencil instrument to measure individuals' expectancies about locus of control. The forced choice method exposes two extremes of internality and externality of locus of control. These are generalized expectancies for a class of related events known as locus of control (Harley, 1973). There is ample reason to believe that this variable is a significant correlate of many behaviors (Hiers, 1975).

There may be many factors that can account for the variability of

perceived locus of control. These factors are mood, subject area perceived, past successes and others, however, locus of control as stated before is a generalized expectancy.

Perceived locus of control may be a very attractive variable helping to account for behavior. Research generally supports the validity of the construct. It may be concluded further because of extensive literature review that locus of control is an important construct for a personality dimension (Plumb, 1975).

An individual who scores high on the Rotter scale and is classified as External (E), is one who is considered to have an external locus of control, or frame of reference, thus placing responsibility for one's feelings on someone or something outside themselves. They assign responsibility for their present emotional state to an external force and attribute what happens to them to external forces. They feel that they are less able to influence events in their lives and therefore fate is the stronger influences in their lives. They desire affiliation and dependence rather than forming their own moral standards (Hiers, 1975).

Rotter's theory also relates to one's believing that his is competent and self-determining (Deci, 1975), which is the Internal (I) or low score of the scale. Internally oriented people feel they are responsibile for what they are and how they feel because of the choices they have made for themselves. Since internals believe they are responsible for their actions they believe they control their lives (Maher, 1972). Internal people can perceive their rewards as reinforcing events that follow their behaviors and they can see that they influence their environment.

People who score low on the I-E scale are:

(a) more alert to those environment cues which provide useful information for his future behavior;
(b) able to take steps to improve their environmental circumstances;
(c) able to place greater value on competence and are generally more concerned with ability and particularly failures;
(d) are resistant to subtle manipulations if they are perceived as non-beneficial (Maher, 1972).

Mental Health and Locus of Control

In American culture the internal person is viewed as healthier and is more respected. He is more likely to be an independent person who relies on his own resources (Hiers, 1975). The results of research concerned with adjustment or mental health of normals indicate that internality is associated with adaptive and desirable traits (Lettieri, 1975).

On the other hand externality is maladaptive and undesirable. Locus of control has been correlated with such instruments as California Personality Inventory and Personal Orientation Inventory with "normals." There is substantial internality when correlated with positive adjustment traits.

Dyer (1976) in a recent book, discusses externality. He suggests that failure to realize the unhappiness and problems are the result of choices that have been made, inhibits the solution to those problems. Thinking that lack of control over our feelings creates a neurotic, immobilizing effect. He goes on to note that if one feels controlled by external forces, one can never find self-fulfillment. Thus his approach to mental health is like being on a trip, realizing that the end is an internal frame of reference.

Actualizing therapy by Shostrom (1976), based on Maslow's hierarchy of needs, looks at outer and inner - directed people. These variables are very similar to Rotter's locus of control. Shostrom suggests that an actualized person, a fully functioning, healthy person, is more independent. This person has an "inner-gyroscope", an internal piloting he obeys. An actualized person's primary energy direction is from the core, (internal) outward. On the other end of the spectrum, the external, repeatedly described himself as being more anxious, having lower self-esteem and higher neuroticism and maladjustment than internals (Shostrom, 1976).

Several investigations have obtained locus of control sources from psychiatric patients in various settings. Most of the research with locus of control has been coupled or correlated with psychiatric diagnosis. Non-paranoid schizophrenics are significantly more external than normals, alcoholics and personality disorders. The patients with greater psychopathology and fewer social skills were more external (Plumb, 1975). Psychotic patients were more external than neurotics and schizophrenics were significantly more external than all non-schizophrenics combined (Plumb, 1975). Thus, the more severe impairment among psychiatric patients is related to externality. In most samples, patients who presented themselves as sick were significantly more external than those who presented themselves as healthy. The major implications of these studies within the psychiatric groups are that externality is "bad" and internality is "good."

There has been some discussion in the literature (Maher, 1972) that the I-E scale is sensitive to short-term situational stress. However, when dealing with psychiatric patients, situational stress is not the necessary causal factor for psychiatric symptoms. The psychiatric evaluation rests more on the patient's interpretation and coping of situational stress. Therefore, it must be concluded that locus of control may play a part in cause or effect of psychiatric illness.

Counseling/Therapy

Lefcourt (1972) believes that the goal of therapy is movement from externality toward internality. He advanced the position that an internal locus of control, with its assumed correlates of competence and the hope of success, is a common goal of psychotherapy. A supporting definition and goal of psychotherapy is:

> a method of treatment which aims to help the impaired individual by influencing his emotional processes, his evaluation of himself and of others, his evaluation of and his manner of coping with the problems of life (Maslow, 1951).

This implies a process of change from external to internal.

It appears that in the field of mental health, the suggestion that we have no control, or are not responsible for our feelings, is totally contrary to the process of psychotherapy. To believe that there is hope, and the possibility of more control over future problems, has to be the goal of all therapeutic relationships. To believe that the neurosis or an emotional state in which anyone finds himself, is a result of fate or luck would negate the need for psychotherapy. Psychotherapy, if we negate any process of change, would be waiting until the external force that caused the problem passed or changed. Thus the role of the therapist would not be active. The roles of a counselor with an external locus of control are:

(a) changing environment;
(b) dealing with external causal events;
(c) psychotrofic medicine.

The roles for the counselor with an internal locus of control are:

(a) dealing with patients' feelings and responses to his environment;
(b) dealing with better coping mechanisms;
(c) developing relationship with patient;
(d) reflecting empathetic responses to help patient grow.

Although the role of the counselor is not clearly understood and my examples are certainly debatable the differences are obvious. The role of the counselor who is external is contrary to the practice of effective counseling. Most of the research and training of counseling suggest that developing a relationship with the patient is far more effective than dealing with external causes. If externality can be shown to be contrary to counseling, then internality is a positive personal characteristic of the counselor.

Conclusions

This paper had dealt with locus of control in psychotherapy. It has concluded that the psychotherapeutic process must be towards internality. Results is a study of Rehabilitation Counselors (Majunder, 1976) indicated that counselors with an internal orientation had a more positive attitude, received higher performance ratings, higher job morale, greater job satisfaction and more positive attitudes toward supervisors. Also in a study (Gilbert, 1974) indicating the bias of a therapist towards internality showed that they perceived (a) clients as external and (b) success in counseling as moving towards the internal. Personality psychologists and practically oriented clinical psychologists rated individuals who are internal to be regarded as more effective than individuals who are external.

A second point of this paper is that healthy or normal people generally are more internal than those people who seek and receive psychiatric help. Locus of control must be a variable in the continuum of coping of both healthy and non-coping people. The cause and effect has not been researched.

This leads to the need for some basic research to explore the following hypotheses:

(1) Counselor/therapists who are internal and score low on Rotter's I-E scale are more effective.

(2) There is a positive relationship (correlation) between counselors who score low on the Rotter I-E scale and positive psychotherapeutic outcomes of their patients.

Outcome studies in psychotherapy, a rather new research item in counselor effectiveness, should be correlated with the counselor/therapist I-E scale. It should be obvious of this author's bias that there will be a strong positive correlation between the counselor/therapist internality and positive outcomes. There should also be a negative correlation with externality and positive pscho-therapeutic outcomes.

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Sex Role Stereotyping: The Counselor's Role

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Sex Role Stereotyping: The Counselor's Role

Sex role stereotyping is rightfully an issue of current concern to educators. This paper differentiates sex typing from sex role stereotyping, discusses the development of sex roles, and cites the effects of sex role stereotyping on individual choice. The potential role of educators for reducing sex role stereotyping while fostering positive sex role identities in elementary and high school students is set forth together with specific strategies to accomplish change.

Sex Role Stereotyping vs. Sex Typing

Sex Role stereotyping. Stoller (1973) states that stereotyping is a responding to social expectations. Sex role stereotyping, for the child, includes experiences of encouragement as well as of discouragement. Encouragement results from experiences being made available to the child as they are called for; for example, when a girl child requests a doll and one is provided, the experience of having her request fulfilled leads to development and reinforcement of the biological role of motherhood. On the other hand, discouragement is experienced when the girl child is denied the toy she wants. It is the proscriptive ideas inherent in such denials, the "thou shalt nots" of childhood, that girls shalt not play with trains, boys shalt not play with dolls--that lead to negative sex role stereotyping. Thus, sex role stereotyping may be a positive or a negative influence; sex role stereotyping is a positive influence when the availability of desired experiences exists and when the individual's choice determines selection of experience; it is a negative influence when options or opportunities are pre-selected by another on the basis of the sex of the recipient. The remainder of this paper will refer to sex role stereotyping which is negative and which is always imposed by another.

Sex typing. In contrast to sex role stereotyping, "gender sense (sex type) is fixed in the first few years of life and is a piece of identity so firm that almost no vicissitudes of life can destroy it," (Stoller, 1973, pp. 265-266). The literature (Freud in Mitchell, 1974; Holroyd, 1976; Mitchell, 1974) theorizes about the origins of sex roles. Most theories follow from the belief in social-biological dualism; that is, gender is innate but an appropriate social sex role is learned through the teachings of parents and society.

Mitchell (1974) believes that children are born androgynous but society immediately assigns them statuses which are clearly different. Social value results from one's sex and the boy child is more highly valued in a patriarchial society. Children born androgynous soon develop ideas of sexual character which result from negative sex role stereotyping.

Menaker (1974) would agree and believes it is society's demeaning attitudes toward females that permit a girl child to develop a weak sense of self. Add to the social teachings of sex role the assimilation by the young girl of her mother's attitudes and the potential to be all that she can be is stifled.

In contrast, Seidenberg (1973), values the biological needs served by women--to bear and nurture--and gives them primary importance. It is believed that there is no known substitute for such needs nor should any such substitute be sought.

The writers of this paper believe that sex type is that difference which is biological and which develops through unconscious motivations originating from physical and emotional characteristics that are sex linked. One's gender sense or sex type will develop in spite of sex role stereotyping, not because of it. However, sex type is enhanced by positive sex role stereotyping or by those experiences which permit the development of the characteristics in each of us that equally endorse both masculine and feminine attributes and thereby free us to be "more human than otherwise" (Sullivan, 1953 p. 32).

Cohen (1966) aptly states, "I would not be thought to be an advocate of abolishing maleness and femaleness in favor of one uniform sex... rather, my aim would be to encourage a more critical scrutiny of our assumptions about sextypical behavior," (p. 14). The writers of this paper define sex typing as that maleness and femaleness known as gender sense which exist because of the biological differences inherent in the male and female. Sex typing is a positive influence which unlike sex role stereotyping is self imposed.

Sex Role Stereotyping: Development

Socialization to traditional sex roles is evidenced not only in the family but in advertising, books, television, and other media to which children are exposed long before they enter school (Aldrich, 1975; Frazier & Sadker, 1973; Holmgren & Norton, 1972; Kaniuga & Scott, 1974). Rather than counteracting these stereotypes the schools merely serve to reinforce them. Throughout the elementary grades, differences in dress codes, task assignments, athletics, and extracurricular activities reinforce what society terms "appropriate" sex role behavior. Therefore, by the time children reach fifth grade, it is extremely difficult to change their attitudes about sex roles - whether they are male or female (Howe, 1971).

One of the most pervasive contributing factors to sex role stereotyping is the curriculum currently utilized in many elementary and secondary schools. For the most part curriculum materials do not even depict the present day realities of the working world. Men are often depicted as the sole source of financial survival for the family while the per-

centage of women currently in the labor force is rarely indicated. In addition, the contributions of women to the sciences, math, literature, and history are rarely realistically portrayed (Pyle, 1976; Stefflre, 1967; Still, Courtney, & Springsteen, 1974).

Nevertheless, there are many learnings about sex roles that are less obvious. Adults serve as role models for children. As such, their attitudes about male and female differences and consequently their behavior have an important influence on children's attitudes and behaviors. Little boys are felt to have one strike against them when they enter school, since school is largely a feminine environment which stresses good manners, obedience, and docility. Thus, the young boy learns that survival means restraining the independence he was encouraged to learn at home.

On the other hand, the elementary school reinforces the dependence and passivity the little girl brings with her from the home. Dependent on rewards and afraid of teacher disapproval, girls often avoid challenging tasks (Frazier & Sadker, 1973). This pattern may actually lead to a decline of ability in girls (Maccoby, 1966) and may be translated into a "motive to avoid success" in later life (Horner, 1970).

Despite increased sensitivity to stereotyping in recent years, there are no indications of major reform. Moreover, educational and community forces still hold to traditional roles for men and women. Nevertheless, if inroads are to be made, educators must continue to look for sources of sex role stereotyping in the curriculum, guidance services, athletics, and in their own behavior.

Strategies for the Elementary School

As forces for change within the school, counselors can: (1) increase awareness of the limiting effects of sex role stereotyping; (2) change parent and teacher attitudes about appropriate behavior for boys and girls; and, therefore, (3) widen the role options available to all students. What are some strategies counselors can employ to reduce sex role stereotyping in their own settings? As counselors, consultants, and coordinators, elementary school counselors provide indirect as well as direct services to children. Thus, they can influence not only children's behavior directly, but the attitudes and behavior of adults who ultimately influence children.

As consultants to parents, counselors might provide parent discussion groups in which parents can:

a. examine the development of sex role stereotypes in their own and other cultures;
b. examine their own sex role attitudes and the effects on their children - e.g., to what extent do they provide role models of non-traditional vs. traditional sex role behavior for their children;

c. consider the influence of advertising, mass media, toys, and games on the development of sex role stereotypes in their children; and consider ways to encourage children to critically analyze the media for stereotyping;
d. be encouraged to raise the issue of sexism in local public schools by: (1) addressing PTA groups; (2) organizing letter writing campaigns against sexist curriculum materials, advertising, and television programming; (3) speaking to student groups about the advantages and disadvantages of nontraditional careers; or (4) developing mini-courses portraying males and females in nontraditional roles - e. g., sewing lessons taught by a father, carpentry lessons from a mother.

Teachers also need to examine their own attitudes about sex roles and to consider how they, as role models, can perhaps unknowingly perpetuate traditional sex role behavior in their students. Through in-service education and discussion groups, counselors might help teachers:

a. become aware of and avoid situations which separate children by sex in curricular or extracurricular activities (Verheyden-Hilliard, 1976);
b. create a classroom environment in which boys and girls work as partners, share leadership roles, and develop their individual, physical and intellectual strengths (Verheyden-Hilliard, 1976);
c. develop learning centers which allow children to experiment with the multiple roles for which they need to be prepared;
d. analyze curriculum materials for stereotyping and develop strategies for expanding the role options presented to boys and girls.

Likewise, the following types of activities to restructure role perceptions might be provided by teachers and/or counselors for children:

a. discuss why certain behaviors have come to be expected of men and women;
b. consider the advantages and disadvantages of expanding role options for men and women - e.g., is it allright for a girl to be class president and a boy to be class secretary? do girls expect someone else to assume financial responsibility for them when they are grown? are some careers totally inappropriate for men or women? can a man be a nurse and still be masculine? can a woman be an engineer and still be feminine? how can men retain their masculinity and women their femininity while having nontraditional careers?
c. examine their own families for evidence of sex role stereotyping;
d. develop reports on the influence of media and curriculum on sex role stereotyping; find and/or develop sex bias free materials;

e. discuss the realities of the present day working world - e.g., the number of women in the labor force, laws against sex discrimination, differential salaries and patterns of advancement for men and women;
f. career development activities in which students can: (1) interview workers in nontraditional occupations; (2) take field trips to observe nontraditional workers on site - e.g., female construction worker, male telephone operator; (3) develop movies, filmstrips, skits, puppet shows, and scrapbooks of nontraditional workers in the community; and (4) discuss homemaking as a career in itself or as a supplement to another career.

Strategies for the Secondary School

Since society's values have already been instilled by the high school years, the student must assume primary responsibility for scrutiny of assumptions about sex typical behavior (Cohen, 1966). However, educators must also clarify their own values and accept the limitations such clarification places on a counseling relationship, assume the responsibility for modeling behavior which does not limit the potential of others, and establish and maintain an atmosphere conducive to change.

The following may assist educators to develop strategies for change while working with the secondary school student.

a. Career Guidance. A learning kit entitled Sex Fairness in Career Guidance by Stebbins, et al (1975) provides a format for eliminating sex bias in career guidance. The manual contains the following information: orientation to sex fairness; recommendations for a comprehensive sex fair career guidance program; guidelines for sex fair use of career interest inventories; and a resource guide.

For women, sex is not the only factor limiting career choice; age, ethnicity, national origin, religion, and socioeconomic status also restrict vocational options. Students should be aware that these factors may result in career underachievement and lower self-expectations. The formulation of a plan for future action, should discrimination be experienced, might include a listing of community and governmental agencies where financial and legal support might be available. Knowledge about federal legislation is also important.

Self reports are recommended over standardized interest inventories when counseling women for careers. Such reports restrict counselors'/educators' preconceived notions about sex appropriate behaviors and career goals. Women are given freedom in the self report to state career choices in accordance with the self-images, motivations, interests, and abilities they believe they possess.

b. Individual Counseling. Hill's Counseling Outcome Inventory (1975) permits the student and educator to conjointly set counseling goals and to assess their progress toward reaching those goals. The Inventory focuses on the individual's unique values and goals.

c. Group Counseling. Consciousness raising groups of young men and women provide opportunities for open discussion in which students may choose to increase their awareness of sex role stereotyping. Attitudes towards sex appropriate vocational roles might become less rigid when exposed to discussion topics like: occupational sex stereotyping (Meyer, 1970); motive to avoid success (Horner, 1969); (Mens) motive to avoid failure; economic, political, and legal barriers to (women's) achievement; changing external and internalized expectations of the "proper" female role (Vetter, 1973).

In a group setting provide the opportunity for students to consider: that we "exist in two sexes; to define (our) sex roles, partly on the basis of cultural definitions and of stereotypes; and to train ourselves to relate to the other, not the opposite sex." (Corsini, 1973 p.41).

Summary

The writers of this paper have suggested that the responsibility of educators is to provide a situation in which change may occur. Such a situation is more easily created when one accepts that the decision to change must not be imposed but must be freely chosen. Then one might set about discovering how to change. As Spaulding (1974) implies, educators do not have to discourage students - society will do that. All we have to do is fail to encourage; that can be done with no effort at all.

If we choose to believe that sex typing is purely a social phenomenon then women have a right to call for social revolution. Should, however, we choose to believe that sex roles meet biological needs as well, we do not need to be concerned about or limit the potential of women. It seems that given choices a child, be it a male or female child, attaches to and draws from its experiences what he/she needs. Do not fear the removal of negative sex role stereotyping; rather, consider the biological - social duality and permit both men and women the freedom to be whatever they choose to be.

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The Forgotten Offender: Implications for Counseling

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The Forgotten Offender: Implications for Counseling

During the past 10 years nation-wide attention has been focused on the criminal justice process. Millions of dollars have been poured into programs to study, investigate, evaluate, up-date, reform, and innovate the system.

One segment of the system which has been closely perused is that of corrections. Historically, men have comprised the majority of incarcerated persons. This is true today. Simon (1975) reports that "only about one in 30 of those sentenced to prison is a woman" (p. 87). Until recently, the woman offender has become the forgotten offender. No mention of women was made in the supposedly comprehensive study of crime and corrections published in 1967 by the President's Commission on Law Enforcement and the Administration of Justice (Singer, 1973). This paper represents effort to survey pertinent literature for the counselor working with the woman offender.

Review of the Literature

In 1973 the National Advisory Commission on Criminal Justice Standards and Goals issued a 600 page report on corrections which included over 100 standards that might indicate improved treatment of women (Bacon, 1975). One of the most important standards for females is Standard 2.8 which calls for non-discriminatory treatment. Standard 11.6, addressing women in major institutions, calls for research to determine differences in the needs of male and female offenders and for vocational programs to prepare women for employment. Standard 11.9 considers counseling programs which would lead the offender to self-discovery through a variety of techniques (NACCJSG, 1973).

Doleschal (1970) reports that there is very little information to be found on the woman offender and much of the available data cannot be considered reliable or useful. Klein (1973) agrees with him; she traces the etiology of female crime from the turn of the century to present and concludes that the representative writers she chose have produced work which is "sexist, racist, and classist" (p. 28).

Prior to looking at the incarcerated woman, one must first consider the areas of the criminal justice process. Fewer women are exposed to the penal system than men; this may be explained by the chivalry factor which reflects society's basic attitudes toward women (Singer, 1973). Judges appear reluctant to sentence women and often use alternates to imprisonment for punishment (Heide, 1974). However, the chivalry factor is used discriminatively; the middle class offender is screened out while the poor and minority groups are not (Singer, 1973). If a woman is committed by the court, she probably will recieve a longer

sentence than her male counterpart. Presently courts are using the rationale of "unique" physiological, psychological, and sociological aspects of women" (p. 372).to explain the differences in sentencing. Temin (1973) feels that discriminatory sentencing of women is a basic argument for the passage of the Equal Rights Amendment.

While the current fashion is to link the increase of female criminality to the somen's movement, Adler (1975) maintains that the majority of crime is not a direct product of the movement, but rather an outgrowth of woman's assertiveness in areas which traditionally were closed to her. Women are no longer indentured to the "kitchens, baby carriages, or bedrooms of America" (p. 12). Jail and prison populations are psychologically far removed from the women's liberation movement as it is predominantly a middle class movement (Velimesis, 1975). Simon (1975) suggests that the crime pattern has altered with the changing social and economic roles which women have assumed. Therefore, the clash between society's concept of the traditional female role and the new role she now fulfills reflects the influence of the movement.

During the past four years, many surveys and studies have been made of the incarcerated woman offender (Velimesis, 1975). A summary of these give the following profile:

> ...under thirty years of age, low-paying jobs requiring few skills, low income, main breadwinner for family, sociopathy or significant nonconformity, frequent abuse of drugs (including alcohol), values similar to those of the general population (p. 102).

Educational achievement is usually at the 10th grade level.

Although many problems are faced by the incarcerated woman offender, one of the most difficult to accept is that of separation from family (Ward & Kassebaum, 1972; Burkhart, 1973). Often mental health problems result from concern over children and denial of parental rights (King & Lipshutz, 1975). Institutions are usually far removed from the home and visiting hours are limited. Children are often placed in foster homes and many times communication with the mother is discouraged (Gibson, 1973). According to Singer (1973), no American prison has child care facilities nor is a new-born infant allowed to remain with the mother. Keve (1974) disagrees and cites, not by name, one institution which allows a baby to remain with the incarcerated mother for a period not to exceed a month. He feels the objections to rearing a baby in prison are sentimental rather than practical. The stigma of being reared in such an environment is thought to be deleterious. He argues that being away from the mother may be more damaging to the child.

Homosexual behavior frequently is a way which incarcerated persons

deal with the sexual aspect of separation. Norris (1974) differentiates between homosexuality and homosexual behavior. The former connotates persistent physical and emotional attachment to members of the same sex while the latter may be viewed as a relatively normal reaction to a situation where there is no interaction with members of the opposite sex. Homosexual behavior often reflects the woman's need to feel that she has worth as a person (Ward & Kassebaum, 1972). Hammer (1969) looks at the other end of the spectrum - that of hypersexuality. Hypersexuality often has the gratification of needs other than those directly and solely genital or sexual as its aim. He concludes that there are many psychological needs and attitudes which form a basis for such behavior. When working with a hypersexual woman, the counselor must help the client recognize and deal with the underlying basic psychological need.

While more programs of alternatives to incarceration are emerging (McArthur, 1974), they are presently limited in scope. Therefore, programming within institutions must be explored. Lack of program planning is often blamed on lack of funds or the small number of women as compared to men (Singer, 1973; Gibson, 1973). One solution offered to alleviate programming problems is for states to maintain joint institutions thus combining funds, numbers, and staffs to provide more comprehensive programs (Gibson, 1973). Velimesis (1975) reports "inmates' requests...for less starchy food, better medical attention, better and more practical job training, and better education, in roughly that order" (p. 104) should influence priorities for programming.

Nothing was located in the literature which could be related to the food situation which would indicate that the "professionals" in the field consider it to be a problem. Probably Heid (1974) would feel that to attach importance to such an area would be a re-enforcement of the femininity game which teaches women to seduce men.

Health services, based upon the needs of women, should include the following: physical examination, regular and emergency treatment, addictions, family planning services, abortion, pre-natal care, health education, regular exercise, and menstrual and gynecological problems (King & Lipshutz, 1975). Pendergrass (1974) reports on a "women's self help" program which has a potentially added payoff of building participant confidence and relieving anxieties. Research conducted by Ellis and Austin (1971) reveals that aggressive behavior is increased during the pre-menstrual and early menstural phases of the menstrual cycle. This has definite implications for interaction among people whether between offender and staff, offender and offender, or female staff and staff.

The third priority of women inmates was better and more practical

job training. Vocational training within institutions has traditionally been limited in scope and oriented to "women's work" (Gibson, 1973). Brodsky (1971) suggests that the advent of co-ed vocational training would obliterate such programs as well as teach women to relate to men in nonsexual ways. Title VII of the Civil Rights Act of 1964 prohibits employment descrimination based on race, religion, national origin, or sex. Unless the same training and employment opportunities are offered to the woman offender as are offered to the man, she may have grounds for legal action. The woman offender should not be excluded from work release, halfway houses, or furloughs because of her sex (Singer, 1973). Hand in hand with vocational training is academic programs. Singer (1973) and Gibson (1973) consider these programs as components and not as separate integrals.

Pre-release training and post-release adjustment are two aspects which have been examined. In 1974, Bowman, Cook, and Whitehead conducted a study to assess the effects of pre-release training. While their sample was extremely small, they concluded that pre-release training can have a positive outcome on the self-concept. Rasche (1972), in a study of 71 female offenders, found that most have unrealistic expectations regarding post-release adjustment.

Already directly or indirectly implied in most of the literature reviewed, self-concept and self-esteem are areas which must be considered. Incarceration has a negative effect on the self-image. Chwast (1971) views the major task of the therapist to help the client clarify self-perception and awareness. In a study of self-attitudes of women offenders, Earnest (1971) discovered that an inmate's self-concept will be consistent with the views of her significant others as related to her. If the significant others view her as a criminal, she will then view herself the same.

The structure of value systems in male and female prisoners was studied by Cochrane (1971). While his results show differences in value systems between prisoners and the control group of non-incarcerated persons, the most important outcome is that the counselor must consider and examine each client's value system. A therapeutic program which attempts to stimulate moral reasoning is being conducted at a women's institution in a New England state. The program was designed to place a large protion of responsibility for living conditions and control on the inmates. The authors (Scharf, Hickey & Moriarty, 1973) feel such a program can help the inmate develop moral maturity which she will be able to utilize in conflict situations in the "outside" world.

Very little appears in the literature dealing with staff who work with the woman offender. One project at the Federal Reformatory for Women examined the feasibility of using line officers to obtain information through observed behavior. The project administrators decided

that such a program was workable and could provide valuable data on an individual client (Woods, Webster, & Clayton, 1972). Katrin (1974) observes that an attempt at change within an institution must have the support and cooperation of the correctional officer. She reports on a 40 hour, 13 week facilitation train program with correctional officers at a women's center in a southern state. In addition to increasing the officers' ability to communicate and discriminate empathy, the program reduced inmates' anxiety levels and increased their interest in social relationships.

Many times over in the literature, the subject of dependency was mentioned. Gibson (1972) notes that dependency is often found in institutions. Heffernan (1972) concurs; she feels programs and services should be offered in such a way that they reflect respect, not dependency. Perhaps Burkhart (1973) sums it up best:

> ...prison is a concrete womb for everyone. It is a place we send people for change. We expect them to grow and become responsible on literally concrete ground. We force-feed dependency and regression to people and then hurl them back into society expecting them to be independent. It doesn't make sense. (p. 425).

Discussion

Although much has been written about prisoners, very little data is available on the woman offender. However, the forgotton offender now has been remembered; helping to bring her into the limelight of corrections has been the women's movement.

As evinced by the literature published in the past six years, practitioners are discovering that the woman offender is a complex person with a multitude of components. It has been this writer's experience in working with incarcerated clients that women offenders seem to have more problems than men, or at least, verbalize that they do. They appear to need some organization or direction - or at least some sympathy and empathy. If this observation can be held valid, then it would follow that a variety of areas must be explored. This assumption is borne out of the diversity of subjects in the review of the literature. Woman's role in our society has changed and potentially may experience many more transformations. Corrections is also experiencing change and also may experience many more transformations. The counselor must know and, hopefully, understand these changes.

Until recently, programming for the woman offender was a duplication of that provided for the male. However, practitioners and the courts are questioning if same equates equal. More research is needed for an answer, if an answer is indicated. Perhaps the best tack would be to look at the female offender as a human, first; a woman, second;

and an offender, last.

Implications

A review of the recent literature on the woman offender reveals findings which appear to have implications for counseling. As noted earlier, one must consider the dichotomy of the client: she is a woman and she is an offender.

Oliver (1975), in surveying some of the recent research on women, notes that counselor bias may be present. The counselor must monitor sexist bias in one's self, in others, and in the materials utilized. One must be informed about the women's movement and the implications which it may have on women prior to, during, and after incarceration. The counselor must know the ramifications which the passage of the Equal Rights Amendment will have and be able to impart accurate information to the clients, regardless of one's position about this issue.

The counselor must be informed of research and other literature pertaining to women, corrections, and the woman offender. He/she must keep abreast of developments in all three fields and be able to interrelate them.

The counselor in the correctional setting may act as a change agent. One must be able to discern between positive change and fad. The counselor may also find in this setting that a great many things must be known about a variety of subjects. Being one of few contacts with the "street," the client will expect the counselor to provide reliable data on various topics. Instead of being able to refer the client to other agencies and persons, the counselor must become the expert in these areas.

As more women enter the work force, whether by choice, necessity, or releasing/parole stipulations, the counselor should emphasize career counseling. Oliver (1975) stresses the importance of developmental stages in career counseling. This is extremely vital to the woman offender who will probably be the breadwinner for her family.

Family counseling must be implemented with the woman offender, her spouse, and her children. Separation from family is difficult to accept and re-integration into family life may be impossible.

Appropriate ways of dealing with anxiety, anger, and hostility as well as building self-esteem, self-concept, and self-awareness must be examined. The counselor must help the correctional institution and the client find acceptable and meaningful ways to improve one's worth.

The counselor should inform the community about corrections and its efforts toward rehabilitation. One should work with other professionals

in the community combating discrimination of women offenders in all phases of living. Public education must have high priority for the counselor.

While the counselor can assist in various programs and services within the institution, the main thrust should be in the area of obliterating dependency. Independence can be built into the daily confines of an institution but it takes a great amount of planning and implementing. The staff must be educated in the ways this can be achieved.

The plight of the woman offender has been improved through the efforts of many people including the counselor. This is just one step. The concerned counselor will continue to work for change, improvement, and innovation. Hopefully, "you ain't seen nothing yet."

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Continuing Education for Women: Needs of Mature Women Students and Implications for Counselors

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The purpose of this paper is to review the literature which identifies some of the needs of mature women, to explore the implications for counseling these students, and to examine the continuing education programs for growing numbers of mature women students.

Profile of Returning Women Students

The terms mature women students, adult women students, and transitional women students are used interchangeably to mean those women who have returned to education after an interruption of any number of years. This is not so much an age group as a situation group. Who are the women returning to school? Why do they return? What adjustment difficulties do they encounter in academia?

Ninety per cent of the women in the U.S. between the ages of 30 and 44 have no college degree (Sheehy, 1974). Statistical data indicate that these women are presently dominating adult college enrollments. The 1972 Current Population Survey revealed that almost 800,000 adults (35 and over) were in college, either in undergraduate or in graduate school. Over half, 53 perccent, were women. Among college students under age 35, only 42 per cent were women (Uoung, 1973).

Roach (1976) characterizes the typical reentering student as a "white middle-class housewife in her late 30's who has had two years of a traditional liberal arts education before she dropped out to marry or raise a family" (p. 86). Demands on her time and energy are reduced during this period when her children are in school and her husband is involved in a career. Feeling less needed by her family, a situation which psychologists have termed the "empty nest" syndrome causes concerns that often result in her returning to school.

There are other motivations which prompt mature women into going back to school. The returning woman may be one who dropped out to assess her goals and life style rather than one who dropped out to marry and raise children. Relief from boredom, escape from civic responsibilities, need for a feeling of achievement or competency, the desire to have an interesting job, the desire to finish a college degree, and divorce or marital difficulties are also reasons frequently given for returning to college.

Many of these women are in the midst of an "identity crisis." Crossing into mid-life, which for many women peaks at around age 35, sets off a "last-chance" urgency where a woman reviews those roles and options she has already tried against those she has set aside, and those that aging and biology will close off in the now foreseeable future (Sheehy, 1974).

Reentering school during this critical period as an avenue of self-exploration and redefinition of self often tends to surface a number of psychological concerns. The problem of self-confidence is pervasive. Many feel they are inept intellectually and will not be able to succeed in college.

Isolation is another problem for many women returning to college. They feel they will not be able to relate to younger students and will be alone in the college setting. Results of a questionnaire sent to mature women students as a large mid-western university indicated that about one-third did not feel like a part of the university, and twenty per cent did not feel accpeted by professors (Markus, 1973).

Despite insecurities and other adjustment concerns, mature women students do tend to be high academic achievers. Clements (1974), who compared the characteristics of mature women (over 25) and younger women found that the older women had higher G.P.A.'s and appeared to be more committed to education and achievement. Rice (1975) and Bicknell (1975) observed that, with the benefit of life experience and consistent motivation, mature women students are likely to be dedicated, highly achieving students.

In addition to psychological concerns, there are numerous practical or concrete needs which face the reentering student. Admissions procedures are considered to be irrelevant and ambiguous, with the predictive validity of outdated transcripts and standardized test scores questionable, and even discriminatory. Further, women cite the needs for low cost and adequate child care centers, financial assistance, remedial help and course scheduling advice as priority items. Need for personal, academic, and vocational counseling is an almost universal request of re-entering students. Also, the desire for a separate department or office for women's education is an oft-cited preference by these women. In reaction to requested suggestions for programming, 64 per cent of the respondents to a questionnaire in a study by Geisler and Thrush (1975) considered the establishment of a separate office of continuing education an excellent idea.

Continuing Education Programs for Women

Information concerning the number of programs for returning women in the nation's colleges and universities, and the number of women participating in them indicates a dramatic increase over the years. Today there are some 500 continuing education programs in operation, compared to about 20 in 1963, 212 in 1968, and 376 in 1971 (Rossi & Calderwood, 1973).

Though the themes of such programs vary, the provision of supportive counseling is of central importance to these programs. Generally,

such programs in large universities are group-centered, fostering peer interaction to emphasize the universality of common problems. Themes of such groups include flexibility in the educational system, career development, job development and placement, personal growth experiences, academic skills improvement, psychometric evaluation and interpretation, and decision-making and goal-setting exercises.

Although these programs are continually increasing and expanding, there has been little empirical research to measure their success. In addition, studies on the longitudinal effects of such programs are virtually nonexistent. Most of the research is descriptive in nature. The needs and concerns of women participating in continuing education programs have been ascertained through checklists and questionnaires. A determination of whether these needs have been met is generally based on the testimony of the course "graduate" who is again requested to complete a questionnaire.

Brooks et al. (1974) attempted to measure the differences between mature students who completed an "entry program" and those who enrolled in regular classes directly upon reentry. Their demographic data of this sample of women suggests that they are "primarily middle-class women, who are married and whose spouse has an income sufficient to pay for college expenses" (p. 11). The results of their study did not seem to support the hypothesis, however, that women in the entry program make more significant gains in self-esteem as measured by the Tennessee Self-Concept Inventory and Rosenberg's 10-item Self Esteem Scale. Though each group did show a higher overall level of self-esteem, the gains of those in the package were not significantly greater than those attending regular classes. There were no other empirical studies of this nature found by this writer in the research of the literature.

Whatley (1975) offers hypotheses for consideration in promoting the institutional credibility of such continuing education programs. Two concepts appear to be interlaced throughout the speculative generalizations: the concept of least effort for the university and the concept of potency of program demand. Further, Whatley assumes that in order for a program to become well-established in a university curriculum, the leadership position of such a program ought to be filled by a mature woman who possesses a terminal degree and is in a tenured faculty position.

In contrast, Campbell (1973) and Rice (1975) question the meliorative value of these reentry programs for women. By their own definitions, the programs connote "compensatory" and "separationist" qualities, according to the above referenced authors. Rice asserts that if we question the mere premise of the necessity of "discontinuity," then "accommodation" for women, and if work and educational patterns continue to go in the direction of shared role choices for both men and women, then special continuing education programs for women may become increasingly obsolete. Rice proposes life-span education and counseling for men and women as a future

human services need.

Implications for Adult Educators and Counselors

Recognition of the unique problems and interpersonal stresses that confront the mature woman is a necessary prerequisite in building an effective support system.

Glass and Hershberger (1974) suggests that instructors might help by being aware of these forces and modifying their teaching approaches to meet older students' needs. They cite the following examples of possible accommodations:

> (1) A middle-aged student moving into a youth culture may develop a sense of worthlessness. Grouping adult students together for projects or assigning individual projects which use the adult's past experiences and knowledge may be helpful.
>
> (2) An adult student must break off many community involvements but finds little access to involvement in the student community. Instructors can at least provide opportunity for status for the adult student in the classroom community (pp. 215-217).

In counseling mature women, Clarke (1975) emphasizes the value of the group approach. Sharing a common bond in a group facilitates awareness and growth according to the above mentioned author. Outlining a group model, Clarke maintains that first women must be dissuaded from any initial focus on husband and children; the task of the group facilitator is to focus the women on themselves-- "carefully, compassionately, and accurately" (p. 125). Secondly, women must be encouraged to dream, and to feel free to imagine possibilities without considering the obstacles. She is then ready to consider real obstacles versus those which mask her fear of failure and lack of confidence.

The role of campus counselors, asserts Roach (1976) is not only to assist the reentry woman identify her personal needs, but also to help her adapt to the ensuing changes in her lifestyle and interpersonal relations that accompany this new self-awareness. Assertiveness training support groups, transactional analysis workshops, and communication labs are other resources which practitioners might make available to the reentering woman. Additionally, Roach suggests that a series of orientation groups for women and their husbands be implemented by counselors to provide communication skills.

Conclusions and Recommendations

The foregoing discussion indicates the psychological and social

forces that propel the mid-life woman back to school, and the discrepancy between her own self-appraisal and her actual academic performance. These women's abilities are often greater than their aspirations, a fact which may be attributable to their perceived shortcomings and feelings of insecurity. Since they often face family responsibilities as well as academic pressures, mature women request many services to accommodate their unique needs. Child care facilities, financial aid, and flexible admission procedures are a few of these practical needs that might be considered by university officials if they intend to encourage the enrollment of mature women students.

The surge in continuing education programs for women is both a boon and a boondoggle. While these programs may be valuable in helping to integrate women into the mainstream of university life, their future worth is still open to question.

Mature women who return to school are described by researchers as usually undergoing a renewed "identity crisis." Counselors need to be aware of the interaction of the medical, psychological, and social forces that contribute to these problems, and they must have the skills to foster growth and insight.

The need for further research is indicated by the inconclusiveness and limited generalizations of the studies in this review. If women report satisfaction with the continuing education programs in helping to solve some of their concrete needs, how do such programs meet their psychological needs? Is a mature student's confidence increased and feelings of isolation decreased as a result of participation in such programs? Further empirical research undertaken to compare the women who take part in continuing education programs versus those who enter school directly from the community may answer this question.

Does the self-awareness gained by a mature student's involvement in such programs last throughout her college education? Longitudinal studies, i.e., following the same sample of women until graduation and observing their adjustment, might shed some light on the long-term effects of these courses.

When she is ready to look for a job, and then undergoes another period of transition, is she more confident as a result of having received vocational counseling in a continuing education program? Again, follow-up studies are recommended.

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School Phobia: Implications For Counselors

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School Phobia: Implications for Counselors

Introduction

One of the strongest fears of early childhood is the fear of being separated from one's parents. Having been dependent on these familiar and very significant adults for the satisfaction of their needs since earliest recollection can make it extremely difficult for some children to experience separation. This is not just an anxiety felt by the young of our culture, but it is practically a universal experience. In fact, it is considered a normal developmental process which should be resolved by the age of five. It only becomes a problem when the child does not have the necessary inner resources to cope with external stress and becomes overly anxious. This could then develop into a pattern of maladaptive functioning in later life called separation anxiety.

School phobia, school refusal, separation anxiety or growing up anxiety, regardless of what we call it, presents a problem for society. It can be a crippling disorder (Goldberg, 1953). Not only do children who refuse school pass up a chance to receive formal academic education, but they are also failing at society's first obligatory test of independence. The school phobic child cuts himself off from a very valuable process of socialization.

School phobia should be viewed as a symptom of separation anxiety which is manifested when children refuse to attend school attend so infrequently that they fall behind in their work. The dynamics of this problem vary. The purpose of this paper is to clarify the etiology of school phobia, alert counselors to identifying procedures for working with the child, to indicate ways the child's system can unite to alleviate the problem and to make suggestions regarding prevention possibilities.

History

Until school attendance became compulsory, those who chose not to attend did not receive much attention. In fact, it was not until 1941 that the term "school phobia" appeared in the literature. Johnson (1941) recognized it as an emotional disturbance associated with great anxiety which led to serious absence from school. She and her contemporaries stressed the use of the term "separation anxiety."

Eisenberg (1958) supports this theory and goes on to suggest that certain parent-child interactions evoked the separation anxiety. He also was the first to stress the need for early treatment and to distinguish between truancy and school phobia. Hersou (1960) continued with the differentiations and stated that truancy was more of an anti-

social or conduct disorder based on irrational reasons for refusing to attend school.

In 1960 Coolidge discussed the seriousness of school phobia in adolescence and the need for more research on the problem. No sooner did he comment about the lack of available information on school phobia than the topic became quite familiar within the literature.

Definition

Although today numerous articles can be found on school phobia, there is very little conflict over the definition of the term. Wheeler and Wheeler (1974) feel that the word denotes the absentee who is neither chronically ill nor truant, the key to which is separation anxiety.

Goldenberg and Goldenberg (1970) support this and state further that it is a pathological emotional state tying the parent and child in a mutually hostile-dependent relationship. It is more generally defined as "poor school attendance", based on an unwarranted fear of the school and/or inappropriate anxiety about leaving the home.

There is no question about the fact that the school phobic is a child with high absenteeisms and one who must be considered separately from the truant and the chronically ill.

Symptomatology

The term school phobia emphasizes a symptom rather than the real nature of the disorder. "Most school phobics occur in the six to ten year old range" (Schmitt, 1971) although the disorder can be manifested in nursery school as well as in the teenage years. Nichols and Berg (1970) have suggested four general criteria for determining school phobia and they are as follows:

(1) extreme difficulty in attending or refusing to attend school;

(2) severe emotional reactions on attempting to go to school;

(3) absentee of anti-social behavior;

(4) remaining at home during school hours with parent's knowledge.

Not only is failure to attend symptomatic, but tardiness and early dismassals are also frequently part of the pattern. This author recently

worked with a school phobic child who within the sixty-seven days under review did not attend twenty-four, was tardy eight times and left early five. The reasons given for his poor attendance by his mother at the court hearing was sore throats and asthma. All too often the phobic child convinces the responsible adults that he is too sick to attend school when, in fact, the symptoms presented are merely indicative of sickness that is emotional rather than organic in nature.

Based on his experience as a physician, Schmitt (1971) feels that the following triad should also be considered diagnostic of school phobia:

(1) vague physical symptoms;

(2) normal physical and laboratory findings;

(3) poor school attendance because of the vague symptoms.

Chief complaints sometime involve sore throats, insomnia fatigue (most common with adolescents), hyperventilation, recurrent coughing, anorexia, nausea, diarrhea, depmemorrhea, tension headaches and asthma attacks. Consequently, parents who do not wish to be seen as heartless and uncaring fall prey to such complaints, thus keeping their children home from school. Under closer examination, it becomes apparent that the child greatly exaggerates the symptoms because of the anxiety or may even fabricate them completely. Studying the situation more closely often reveals a child with a complaint of appetite loss, yet there is no weight loss, or coughing spells that may prohibit attendance, yet the child does not cough during play or sleep. Having the child examined by a physician with a clean bill of health in hand is often helpful in convincing the parent that the child is not too sick to attend classes. However, their willingness to accept this and make the necessary changes, depends greatly on the dymanics of the particular case.

Etiology

There are several theories as to the etiology or origin of school phobia. However, most authors agree that anxiety over separation from home is the backdrop for the problem. In 90% of the cases it is also believed that separation from an overdependent, overprotective, over-solicitous mother causes the emotional stress (Schmitt, 1971). Not only is it the child who suffers, but usually the parent as well. Ester, et al. (1956) noted that with the school phobic there is often a hostile-dependent relationship between the mother and the child, accompanied by a need for both parties to be in close physical proximity.

So, caught in the web are the immature parent and the overdependent

and confused child. Verbally, the parent states that the child should go to school, yet emotionally the need for the child to remain home is the hidden agenda. Sometimes the parent even has a negative set towards school.

Given this situation, the child may begin school with a phobic reaction or it may take an additional stress such as a death in the family, changing schools, a marital crisis, or the birth of a sibling, etc. to bring on the symptoms.

Treatment

Once the school phobic has been identified and an attempt made to determine the etiologic factors, treatment should begin at once. Most authors agree that the first step is to assure both the parent and the child that school attendance is compulsory and that their case is to be no exception.

In all likelihood, parent and child will respond best to a kind but firm hand. A school conference may suffice, but it may be necessary to file a petition and schedule a court hearing in order to indicate the seriousness of the situation and to provide legal impetus. Regardless of the method used, parent, child and teachers should be convinced that the child, given a clean bill of health, must return to school. There may be a very few cases where health is a problem. In such cases, homebound instruction should be arranged immediately to fill the gap until the child is able to return to the classroom.

The next step is to outline how the client will return. This will depend on the severity of the problem and the duration before intervention. It may be that the child can return immediately to the regular classroom; certainly this would be most desirable. However, in some cases alternate methods may be called for such as gradual return to the school combined with counseling sessions for the parent and/or the child.

There should be provisions for revision and for follow-up treatment. Many cases have been documented where a child begins to make some progress and the treatment is stopped; only resulting in the child regressing to the problematic behavior. Once a child has been school phobic, additional stress can easily lead to the previous pattern of poor attendance.

Implications

There are many advantages in operating directly with school phobics within the school. To begin with, the counselor can offer the child direct support in the feared situation. Because of his position in the school, the counselor can also work with the parents, the child, and the community resources as well as the principal and the teachers.

The first step is to see that teachers have a good idea of the definition of school phobia and how to identify the situation in the early stages. In elementary grades it is even possible to have on hand several story books that help parent and child separate with less difficulty (see Fassler, 1974). However, once a potential case has been identified, easy means of referral to the counselor should be made available to the teachers. In working with teachers, counselors should keep in mind the need to relieve them from feelings of guilt and to solicit the teachers' cooperation in treatment.

The next step is to arrange a school conference with counselor, teacher, parent(s) and the child. Johnson (1976) has found that very often the conference will generate change; however, if it does not, the counselor must be prepared to inform the Family Court or whatever agency is appropriate that the child's attendance is unacceptable. In any case, the counselor can examine the home situation and consider the family's patterns of behavior in developing a treatment plan. If it appears that there are severe psychological problems, the counselor will want to refer the child and/or the family for therapy. This could be handled at the local mental health center or if the family prefers, with a private therapist. If good health is a question, the family physician should also be involved.

Even if a referral becomes necessary, the counselor should be the link between the community, the child and his family, and the school personnel. Often, in the past, the lack of a responsible person to coordinate the activities has resulted in duplicate effort or complete chaos at the child's expense.

Summary

In summary, the child who is school phobic is one who has not managed to work through the normal stages of separation and in all likelihood is caught in a hostile-dependent relationship with a significant adult. The result of this anxiety is poor school attendance which may lead to serious learning gaps and numerous psychological implications as well.

In order to be treated properly, a diagnosis of the situation must be formed and concerned parties in the child's social system informed of the plan. The school counselor is in a pivotal position to coordinate activities.

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